



EV 611574355 US



UNITED STATES POSTAL SERVICE

Customer Copy
Label 11-F, April 2004

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)			DELIVERY (POSTAL USE ONLY)		
PO ZIP Code 10017	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$ 3345	Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Date Accepted 12/20/01	Scheduled Date of Delivery	Return Receipt Fee	Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. 12/20/01	Month Day	COO Fee Insurance Fee	Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Time Accepted 1842 PM	Scheduled Time of Delivery <input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM	\$ \$	Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Flat Rate <input type="checkbox"/> or Weight 10 lbs. 3 oz.	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees \$	Waiver of Signature (Postage Mail Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without requiring signature of addressee or addressee's agent. (If delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
Int'l Alpha Country Code	Acceptance Emp. Initials MS		NO DELIVERY <input type="checkbox"/> Reason <input type="checkbox"/> Holiday		
CUSTOMER USE ONLY METHOD OF PAYMENT: X100207			Post's Agency Acct. No. or Postal Service Acct. No.		
FROM: (PLEASE PRINT) NOVOLYNES NORTH AMERICA 900 5TH AVE STE 1600 NEW YORK NY 10017			TO: (PLEASE PRINT) Commissioner for Patent P.O. Box 1450 Hagerstown VA 22313-1450		
10473.24			11/13/01		

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